



CLIENT # _____
CLIENT NAME _____

Phone _____
Fax _____

APPLICATION FOR APARTMENT OCCUPANCY

RENTAL QUALIFICATIONS

In reviewing your application, all of the following information will be taken into consideration:

1. **Credit** – Your credit status will be obtained through the appropriate credit bureau. Unsatisfactory credit history including: excessive late payments, charge-off accounts, collections, bankruptcies, liens or judgments may require a co-signer or result in denial of the application.
2. **Income** – Your monthly income must be verified. The monthly rent cannot exceed 33% of the applicant's gross family income. If you are self-employed, additional information is needed (previous year tax information, bank records, and a business reference.)
3. **Criminal History** – A criminal background investigation is required of all applicants. Any applicant involved in any criminal or drug-related activity will be denied immediately. Any misdemeanor / minor criminal activity will be reviewed and determined with the application process.
4. **Rental History** – Three years rental/resident history must be provided. This information must be complete with addresses and phone numbers where this may be verified. Prior evictions or other unsatisfied judgments or Unlawful Detainers (UD's) may result in denial of the application.

IF WE ARE UNABLE TO VERIFY, OR IF YOU ARE MARGINAL IN ANY OF THE ABOVE CATEGORIES, AN EXTRA DEPOSIT MAY BE REQUIRED.

Applicant must be 18 years of age. One application per adult or married couple is required.

Each applicant must provide a current driver's license or state-issued photo ID card.

Please fill out the application clearly with blue or black ink only. Be sure to fill out your application thoroughly to insure timely processing. An incomplete application may be rejected or not processed.

We are a fair housing provider. We do not discriminate against persons on the basis of race, color, religion, national origin, sex, familial status, disability, creed, marital status, public assistance, ancestry, and sexual or affectional orientation.

AUTHORIZATION TO RELEASE INCOME & EMPLOYMENT INFORMATION

I / We authorize you to provide to Management records of employment and income history. This authorization is given to induce Management to rent to me or to hire me and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Applicant Signature

Date

Social Security Number

Applicant Signature

Date

Social Security Number

RENTAL VERIFICATION

For Landlord / Management Company to fill out:

Resident(s) Name(s): _____		
Current or Previous Address: _____		
Move-in-Date _____	Move-out-Date _____	# of leaseholders: _____
Monthly Rent \$ _____	Subsidized rent? Yes No	Resident pays: \$ _____ /month
NSF's or late payments? _____ # of NSF's: _____		
Proper notice received? _____ Notice period required: _____ Lease fulfilled? _____		
Lease violations? Yes No If yes, please explain: _____		
Evicted? _____ Eviction action filed? _____ Nonpayment _____ Other _____		
Currently owing? Yes No How much? \$ _____		
Deposit Refunded? _____ If no, please explain: _____		
Would you re-rent? _____ If no, please explain: _____		
Housekeeping habits? 1-10 (10 being the best) _____		
Comments: _____		
Verified by: _____		Date: _____

The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects, and I authorize whatever credit investigation you may consider appropriate.

Applicant #1 Signature

Date

Applicant #2 Signature

Date



CLIENT # _____
 CLIENT NAME _____

Phone _____
 Fax _____

APPLICATION FOR APARTMENT OCCUPANCY

This application must be filled out completely. Driver's License or ID required to complete application.

Office Use Only

BUILDING ADDRESS: _____ APT # _____ REFERRED BY _____
 LEASE DATES: FROM _____ TO _____ MOVE IN DATE: _____ LEASING AGENT _____
 MONTHLY RENT \$ _____ GARAGE \$ _____ DEPOSIT DATE: _____ DEPOSIT AMT. \$ _____
 APPLICATION FEE \$ _____ (Fee is non-refundable) (ONE PERSON PER APPLICATION PLEASE)

APPLICANT LAST NAME	MAIDEN/PREFIX	FIRST	MIDDLE
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HOME PHONE	CELL PHONE	EMPLOYER PHONE
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SOCIAL SECURITY # OR INS #	DATE OF BIRTH	DRIVERS LICENSE #	STATE ISSUED:
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PRESENT ADDRESS	CITY	STATE	ZIP
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UNIT #	FROM	TO	RENT \$	LANDLORD/PROPERTY NAME	PHONE NUMBER
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PREVIOUS ADDRESS	CITY	STATE	ZIP
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UNIT#	FROM	TO	RENT \$	LANDLORD/PROPERTY NAME	PHONE NUMBER
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PRESENT EMPLOYER	PHONE #	POSITION	DATES
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ADDRESS	PART/FULL TIME	SUPERVISOR	SALARY
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PREVIOUS EMPLOYER	PHONE #	POSITION	DATES
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ADDRESS	PART/FULL TIME	SUPERVISOR	SALARY
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OTHER INCOME/SOURCE	PHONE #	CONTACT	AMOUNT
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ADDITIONAL OCCUPANTS	EMERGENCY CONTACT NAME & NUMBER
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VEHICLE INFORMATION	LICENSE #	YEAR	MAKE & MODEL
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Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Have you ever been evicted or asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever refused to pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Do you have a legal right to be in the United States? <input type="checkbox"/> Yes, I am a US Citizen. <input type="checkbox"/> Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country. <input type="checkbox"/> No
Have you ever resided in any other state? If so, where?			

I authorize Multihousing Credit Control whose address is 10125 Crosstown Circle, Suite #100, Eden Prairie, MN 55344 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Signature _____ Date _____

ELMWOOD APARTMENTS
2625 - 9th Lane
Anoka, MN 55303

APPLICATION FOR APARTMENT OCCUPANCY AGREEMENT

Apartment Address _____ Apartment # _____
 Date of Move In _____ Rent \$ _____ Deposit \$ _____ Paid Cash Check

*Application Processing Fee \$ _____ *Credit report processed by: Multihousing Credit Control 10125 Crossdown Circle, #100,
 Eden Prairie, MN 55344-3310 952-041-0552
THIS FEE IS NONREFUNDABLE SHOULD THIS APPLICATION BE ACCEPTED OR NOT.

Insert "N/A" for Non-Applicable Items. Unmarried applicants please complete separate applications.

PLEASE PRINT CLEARLY		Date of Birth	Driver's License #	Social Security #	Dependents
Applicant #1 (Complete Legal Name)					
Applicant #2 (Complete Legal Name)					
Present Address		Apt. #	How Long?	Data Base	Do not write below - To be checked by leasing agent
City	State	Zip Code	Home Phone		
Present Landlord or Caretaker		Rent Paid	Phone		
Previous Address		Apt. #	How Long?		
Previous Landlord or Caretaker		Rent Paid	Phone		
SOURCE OF INCOME (EMPLOYMENT IF EMPLOYED)					
For Applicant #1		Salary	Position	Phone	
Address		Supervisor's Name		How Long?	
Previous Employer			Phone		
Address		Reason For Leaving		How Long?	
For Applicant #2		Salary	Position	Phone	
Address		Supervisor's Name		How Long?	
ADDITIONAL SOURCES OF INCOME (i.e. part time job, assistance, disability)					
Source		Amount	Phone		
BANK ACCOUNT (Indicate Branch - Indicate services used)					
Name		Account #	Phone	Savings <input type="checkbox"/>	
Address		Zip Code	Checking <input type="checkbox"/>	Loan <input type="checkbox"/>	
AUTO(S)					
Make	Year	License Plate #	Model & Color		
Monthly Auto Payments \$		Paid to Whom (Even if paid in full)			
Make	Year	License Plate #	Model & Color		
Monthly Auto Payments \$		Paid to Whom (Even if paid in full)			
REFERENCES <input type="checkbox"/> PET <input type="checkbox"/> NCL <input type="checkbox"/> Yes <input type="checkbox"/> Kind					
Name of Father and/or Mother (Applicant #1)			Phone		
Address		City	State	Zip Code	
Name of Father and/or Mother (Applicant #2)			Phone		
Address		City	State	Zip Code	
Personal References (No Relatives Please)			Phone		
Address		City	State	Zip Code	
IN CASE OF EMERGENCY CONTACT				Phone	
Address		City	State	Zip Code	
CREDIT REFERENCES (BE SPECIFIC)					
Account Name		Address		Account #	
Account Name		Address		Account #	
Account Name		Address		Account #	
Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____ If "Yes", to whom owed?					
Have you been declared bankrupt in the last 14 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", where?					
List All Occupants (Names)		Relationship	Age	The State of Minnesota prohibits discrimination in Housing, and this form has been viewed by the Minnesota Department of Human Rights. Please list on the back other data which may affect the acceptance of this application. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects, and I authorize whatever credit investigation you may consider appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. If a credit reporting agency furnishes a report, its name and address will be furnished upon my request.	

Signature Applicant #1 _____

Signature Applicant #2 _____